		FOR OHF USE					

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2002
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2002)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0041426

Facility Name: Wynscape

Address: 2180 W. Manchester Rd. (Number) Wheaton (City) 60187 (Zip Code)

County: DuPage

Telephone Number: (630) 665-4330 **Fax #** (630) 665-3181

IDPA ID Number: 363436685001

Date of Initial License for Current Owners: 03/01/96

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code 501(c)(3)			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Christine A. Hanover **Telephone Number:** (312) 634-3400
Please send copies of desk review and audit adjustments to address on this page

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/01 to 06/30/02 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) (Date)
(Type or Print Name)
(Title)

Paid Preparer
(Signed) SEE ACCOUNTANTS' COMPILATION REPORT (Date)
(Print Name and Title)
(Firm Name & Address) Altschuler, Melvoin and Glasser LLP, One South Wacker Drive, Suite 800, Chicago, IL 60606
(Telephone) (312) 634-3400 Fax # (312) 634-5518

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 **Phone # (217) 782-1630**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	108	Skilled (SNF)	108	39,420	1
2		Skilled Pediatric (SNF/PED)			2
3	101	Intermediate (ICF)	101	36,865	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	209	TOTALS	209	76,285	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	11,551	13,475	14,132	39,158	8
9	SNF/PED					9
10	ICF	17,837	9,564	1,483	28,884	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	29,388	23,039	15,615	68,042	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 89.19%

D. How many bed-hold days during this year were paid by Public Aid?
None (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ] Non-allowable costs have been eliminated in Schedule V, Column 7.

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [ ] NO [X]

I. On what date did you start providing long term care at this location?
Date started 03/01/96

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 03/01/96 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 53 and days of care provided 13,438

Medicare Intermediary AdminaStar Federal

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 06/30/02 Fiscal Year: 06/30/02

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	469,271	36,285	2,396	507,952		507,952		507,952			1
2	Food Purchase		320,533		320,533		320,533	(1,878)	318,655			2
3	Housekeeping	285,237	34,248	670	320,155		320,155		320,155			3
4	Laundry	126,426	27,932		154,358		154,358		154,358			4
5	Heat and Other Utilities			184,644	184,644		184,644	861	185,505			5
6	Maintenance	92,934	14,573	80,480	187,987		187,987	75,151	263,138			6
7	Other (specify):*											7
8	**TOTAL General Services**	973,868	433,571	268,190	1,675,629		1,675,629	74,134	1,749,763			8
	B. Health Care and Programs											
9	Medical Director			31,150	31,150		31,150		31,150			9
10	Nursing and Medical Records	4,695,593	329,361	188,630	5,213,584		5,213,584		5,213,584			10
10a	Therapy	322,010	15,585	64,725	402,320		402,320		402,320			10a
11	Activities	135,213	10,227	6,897	152,337		152,337		152,337			11
12	Social Services	150,766		8,189	158,955		158,955		158,955			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	5,303,582	355,173	299,591	5,958,346		5,958,346		5,958,346			16
	C. General Administration											
17	Administrative	164,590		637,785	802,375		802,375	(94,805)	707,570			17
18	Directors Fees											18
19	Professional Services			19,242	19,242		19,242	25,719	44,961			19
20	Dues, Fees, Subscriptions & Promotions			9,891	9,891		9,891	4,946	14,837			20
21	Clerical & General Office Expenses	307,120	34,531	54,209	395,860		395,860	240,468	636,328			21
22	Employee Benefits & Payroll Taxes			1,566,722	1,566,722		1,566,722	109,238	1,675,960			22
23	Inservice Training & Education											23
24	Travel and Seminar			11,904	11,904		11,904	6,132	18,036			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			9,551	9,551		9,551		9,551			26
27	Other (specify):*											27
28	**TOTAL General Administration**	471,710	34,531	2,309,304	2,815,545		2,815,545	291,698	3,107,243			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	6,749,160	823,275	2,877,085	10,449,520		10,449,520	365,832	10,815,352			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number Wynscape #0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY 9	10	
	D. Ownership											
30	Depreciation			564,809	564,809		564,809	(29,083)	535,726			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			217,779	217,779		217,779	(48,131)	169,648			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			39,505	39,505		39,505		39,505			35
36	Other (specify):*											36
37	**TOTAL Ownership**			822,093	822,093		822,093	(77,214)	744,879			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		529,400	116,298	645,698		645,698		645,698			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			114,960	114,960		114,960		114,960			42
43	Other (specify):* Nonallowable Costs			178,297	178,297		178,297	(178,297)				43
44	**TOTAL Special Cost Centers**		529,400	409,555	938,955		938,955	(178,297)	760,658			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	6,749,160	1,352,675	4,108,733	12,210,568		12,210,568	110,321	12,320,889			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

****See schedule of adjustments attached at end of cost report.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(98,876)	30		9
10	Interest and Other Investment Income	(48,131)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(6,396)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(65,895)	43		24
25	Fund Raising, Advertising and Promotional	(28,149)	43		25
26	Income Taxes and Illinois Personal Property Replacement Tax	(341)	43		26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule (See attached)	(87,652)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (335,440)		$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	445,761		34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$ 445,761		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ 110,321		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

Wynscape

ID# 0041426

Report Period Beginning: 07/01/01

Ending: 06/30/02

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1		$		1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	0		49

STATE OF ILLINOIS — Summary A

Facility Name & ID Number Wynscape # 0041426 **Report Period Beginning:** 07/01/01 **Ending:** 06/30/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	861	0	0	0	0	0	0	0	0	0	861	5
6	Maintenance	0	75,151	0	0	0	0	0	0	0	0	0	75,151	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	76,012	0	0	0	0	0	0	0	0	0	76,012	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	(94,805)	0	0	0	0	0	0	0	0	0	(94,805)	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(6,396)	32,115	0	0	0	0	0	0	0	0	0	25,719	19
20	Fees, Subscriptions & Promotions	0	4,946	0	0	0	0	0	0	0	0	0	4,946	20
21	Clerical & General Office Expenses	0	241,989	0	0	0	0	0	0	0	0	0	241,989	21
22	Employee Benefits & Payroll Taxes	0	109,238	0	0	0	0	0	0	0	0	0	109,238	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	6,132	0	0	0	0	0	0	0	0	0	6,132	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	(6,396)	299,615	0	0	0	0	0	0	0	0	0	293,219	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(6,396)	375,627	0	0	0	0	0	0	0	0	0	369,231	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Wynscape # 0041426 **Report Period Beginning:** 07/01/01 **Ending:** 06/30/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(98,876)	69,793	0	0	0	0	0	0	0	0	0	(29,083)	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	(48,131)	0	0	0	0	0	0	0	0	0	0	(48,131)	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	(147,007)	69,793	0	0	0	0	0	0	0	0	0	(77,214)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	(94,385)	341	0	0	0	0	0	0	0	0	0	(94,044)	43
44	**TOTAL Special Cost Centers**	(94,385)	341	0	0	0	0	0	0	0	0	0	(94,044)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(247,788)	445,761	0	0	0	0	0	0	0	0	0	197,973	45

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
Central DuPage Health System	100			Central DuPage Hospital	Winfield, IL	Hospital
				CDH Alcohol Treat	Naperville, IL	Alcohol Treatment
See attached schedule for Board of Directors summary.				Community Nursing	Naperville, IL	In-House Nursing
				Marklund Children's	Bloomington, IL	DD Child Home
				Phase II	Naperville, IL	X-Ray & Resp.
				Wyndmere Retire	Naperville, IL	Ret. Community

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [X] YES [ ] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V	5	Utilities	$	Central DuPage Health System	100.00%	$ 861	$ 861	1
2	V	6	Maintenance		Central DuPage Health System	100.00%	75,151	75,151	2
3	V	17	Administrative Services		Central DuPage Health System	100.00%	542,980	542,980	3
4	V	19	Legal & Professional Fees		Central DuPage Health System	100.00%	32,115	32,115	4
5	V	20	Licenses, Dues, Fees, etc.		Central DuPage Health System	100.00%	4,946	4,946	5
6	V	21	Clerical & Gen. Office Exp.		Central DuPage Health System	100.00%	241,989	241,989	6
7	V	22	Employee Benefits		Central DuPage Health System	100.00%	109,238	109,238	7
8	V	24	Travel & Seminar		Central DuPage Health System	100.00%	6,132	6,132	8
9	V	30	Depreciation		Central DuPage Health System	100.00%	69,793	69,793	9
10	V	43	Taxes		Central DuPage Health System	100.00%	341	341	10
11	V								11
12	V	17	Management Fees	637,785	Central DuPage Health System	100.00%		(637,785)	12
13	V								13
14	Total			$ 637,785			$ 1,083,546	$ * 445,761	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									$		1
2											2
3	N/A										3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [X] NO [ ]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization: Central DuPage Health System
Street Address: 27 West 353 Jewell Rd.
City / State / Zip Code: Winfield, IL 60190
Phone Number: (630) 933-5063
Fax Number: (630) 933-1728

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	5	Utilities	Accumulated Cost	337,410	8	$ 23,929	$	12,143	$ 861	1
2	6	Maintenance	Accumulated Cost	337,410	8	2,088,184		12,143	75,151	2
3	17	Administrative Services	Accumulated Cost	337,410	8	15,087,448	17,087,448	12,143	542,980	3
4	19	Legal & Professional Fees	Accumulated Cost	337,410	8	892,350		12,143	32,115	4
5	20	Dues, Licenses, Subscriptions	Accumulated Cost	337,410	8	137,439		12,143	4,946	5
6	21	Clerical & Gen. Office Exp.	Accumulated Cost	337,410	8	6,723,987		12,143	241,989	6
7	22	Employee Benefits	Accumulated Cost	337,410	8	3,035,342		12,143	109,238	7
8	24	Travel & Seminar	Accumulated Cost	337,410	8	170,384		12,143	6,132	8
9	30	Depreciation	Accumulated Cost	337,410	8	1,939,301		12,143	69,793	9
10	43	Taxes	Accumulated Cost	337,410	8	9,472		12,143	341	10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$ 30,107,836	$ 17,087,448		$ 1,083,546	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	First Health Care Associates		X	Mortgage	$60,195.00	01/01/00	$ 7,029,000	$ 6,834,425	12/31/24	0.0925	$ 217,779	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related				$60,195.00		$ 7,029,000	$ 6,834,425			$ 217,779	9
	B. Non-Facility Related*											
10								Less: Interest Income Offset			(48,131)	10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$ (48,131)	14
15	TOTALS (line 9+line14)						$ 7,029,000	$ 6,834,425			$ 169,648	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ None Line # N/A

*** Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)**

SEE ACCOUNTANTS' COMPILATION REPORT

**** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)**

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2001 report.	***Important***, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		$	2
3. Under or (over) accrual (line 2 minus line 1).		$	3
4. Real Estate Tax accrual used for 2002 report. (Detail and explain your calculation of this accrual on the lines below.)		$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**		$ n/a	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**		$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
	1997	8
	1998	9
	1999	10
	2000	11
	2001	12

Facility is a not-for-profit entity and exempt from real estate tax as of 01/01/2000.

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2001	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.**
   This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, [illegible]

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Wynscape COUNTY DuPage

FACILITY IDPH LICENSE NUMBER 0041426

CONTACT PERSON REGARDING THIS REPORT Pete Najawicz

TELEPHONE (630) 933-5063 FAX #: (630) 933-1728

A. **Summary of Real Estate Tax Cos**

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursir home property which is vacant, rented to other organizations, or used for purposes other than long term care must not b entered in Column D. Do not include cost for any period other than calendar year 200l

	(A) Tax Index Numbe	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.		N/A	$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? _____ YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. **Tax Bills**

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill whic is normally paid during 2002.

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 58,390 B. General Construction Type: Exterior Brick Frame Steel Number of Stories Two

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

None

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred: N/A
2. Number of Years Over Which it is Being Amortized: N/A
3. Current Period Amortization: N/A
4. Dates Incurred: N/A

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Resident Care		2000	$ 1,800,000	1
2					2
3	TOTALS			$ 1,800,000	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	209		2000		$ 5,726,808	$ 143,170	40	$ 143,170	$	$ 357,926	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Elevator			1996	2,468		20	123	123	678	9
10	Facility Project Number 96071 See Page 12C for Breakout			1997							10
11	General Construction Project Number 96007			1997	154,315	1,851	40	3,858	2,007	21,219	11
12	Demolition			1997	14,620		40	366	366	2,013	12
13	Construction Debris Removal			1997	18,783		40	470	470	2,585	13
14	Excavation			1997	4,356		40	109	109	600	14
15	Concrete			1997	28,710		40	718	718	3,949	15
16	Unit Masonry			1997	39,480		40	987	987	5,429	16
17	Rough Carpentry			1997	1,488		40	37	37	204	17
18	Temporary Protection Cleanup			1997	10,767		40	269	269	1,480	18
19	Wood Doors			1997	7,043		40	176	176	968	19
20	Spray on Fire Proofing			1997	11,800		40	295	295	1,623	20
21	Membrane Roofing			1997	95,011		40	2,375	2,375	13,063	21
22	Metal Door and Frames			1997	14,369		40	359	359	1,975	22
23	Wood Replacement Doors			1997	4,381		40	110	110	605	23
24	Entrances and Storefront			1997	28,398		40	710	710	3,905	24
25	Aluminum Windows			1997	127,610		40	3,190	3,190	17,545	25
26	Hardware			1997	38,367		40	959	959	5,275	26
27	Interior Glazing			1997	8,750		40	219	219	1,205	27
28	Drywall			1997	471,593		40	11,790	11,790	64,845	28
29	Ceramic Tile			1997	34,909		40	873	873	4,802	29
30	Resilient Flooring			1997	35,834		40	896	896	4,928	30
31	Floor Prep			1997	1,809		40	45	45	248	31
32	Painting			1997	38,007		40	950	950	5,225	32
33	Toilet and Bath Accessories			1997	20,015		40	500	500	2,750	33
34	Kitchen and Building Allowance			1997	118,968		40	2,974	2,974	16,357	34
35	Window Treatment Allowance			1997	19,238		40	481	481	2,646	35
36	Storage / Moving			1997	1,748		40	44	44	242	36

*Total beds on this schedule must agree with page 2.

See Page 12A, Line 70 for total

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37	Final Cleaning Allowance	1997	$ 11,225	$	40	$ 281	$ 281	$ 1,546	37
38	Field Investigation	1997	900		40	23	23	127	38
39	Fire Protection	1997	17,701		40	443	443	2,437	39
40	Plumbing	1997	155,685		40	3,892	3,892	21,406	40
41	HVAC	1997	24,900		40	623	623	3,427	41
42	Electrical	1997	322,774		40	8,069	8,069	44,380	42
43	Fire Alarm System	1997	13,741		40	344	344	1,892	43
44	Premium Time Drywall	1997	2,366		40	59	59	325	44
45	Reconstruction Fee	1997	28,000		40	700	700	3,850	45
46	Fees to Schall Brothers	1997	72,379		40	1,809	1,809	9,950	46
47	Insurance	1997	17,277		40	432	432	2,376	47
48	Millwork	1997	61,115		40	1,528	1,528	8,405	48
49	Architect Fees	1997	150,000	30,000	5	30,000		135,000	49
50	Architectural Reimbursement	1997	10,952	2,190	5	2,190		9,857	50
51	Survey	1997	7,956	1,624	5	1,591	(33)	7,168	51
52	City Permits Fees	1997	4,886	1,243	5	977	(266)	4,397	52
53	Legal (Contract Only)	1997	6,927	1,385	5	1,385		6,234	53
54	Contingency Fees	1997	36,385	2,071	10	3,639	1,568	16,376	54
55	Testing Services	1997	10,864	2,173	5	2,173		9,778	55
56	Title Insurance	1997	346		1			346	56
57	Landscaping	1997	45,000	9,000	5	9,000		40,500	57
58	Fence	1997	4,287	612	7	612		2,756	58
59	Balance of Landscaping	1997	15,000	1,500	10	1,500		6,750	59
60	Seal Stripe Parking Lot	1997	2,950	494	3	492	(2)	3,442	60
61	Elevator Repairs	1998	11,000		20	550	550	2,475	61
62	Security System	1998	2,318		10	232	232	1,043	62
63	Elevator Repairs	1998	1,500		3			1,500	63
64	Elevator Repairs	1998	7,942	1,324	3		(1,324)	7,942	64
65	Gas Water Heater	1998	2,657	443	3		(443)	2,657	65
66	Smoke Detectors	1999	2,225	371	3		(371)	2,225	66
67	Elevator Repairs	1999	27,293	4,549	3		(4,549)	27,293	67
68	Elevator Repairs	1999	6,349	1,058	3		(1,058)	6,349	68
69	Plumbing Repairs	1999	700	117	3		(117)	700	69
70	TOTAL (lines 4 thru 69)		$ 8,165,245	$ 205,175		$ 249,597	$ 44,422	$ 939,199	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 8,165,245	$ 205,175		$ 249,597	$ 44,422	$ 939,199	1
2	Rear Door Repairs	1966	2,799	467	3		(467)	2,799	2
3	Elevator Repairs	1999	1,600	267	3		(267)	1,600	3
4	Elevator Repairs	1999	15,078	2,513	3		(2,513)	15,078	4
5	Disposer & Wall Heating & Cooling Units	1998	8,549	46	3		(46)	8,549	5
6	Roof Covering and Gutters	1998	4,345		3			4,345	6
7	Toilet Replacement	1999	12,397	4,132	3	4,132		10,330	7
8	Toilet Replacement	1999	1,194	398	3	398		995	8
9	Plumbing & Electric Work	1999	4,100	1,367	3	1,367		3,417	9
10	Elevator Repairs & Electric	1999	31,402	10,468	3	10,468		26,166	10
11	Sidewalk Repair	1999	1,892	631	3	631		1,577	11
12	Door Holders	1999	4,784	1,595	3	1,595		3,987	12
13	Electrical Panel Repair	1999	4,900	1,633	3	1,633		4,083	13
14	Nurse Call System	2000	9,083	3,028	3	3,028		7,570	14
15	Nurse Call System	2000	54,480	18,160	3	18,160		45,400	15
16	Detail of Building Improvements 06/30/2000								16
17	General Contractor Cost	2000	22,010	14,550	40	550	(14,000)	1,375	17
18	Demolition Cost	2000	622	15	40	15		37	18
19	Concrete Cost	2000	2,119	54	40	54		135	19
20	Masonary Cost	2000	2,223	56	40	56		140	20
21	Carpentry & Fireproofing Cost	2000	2,140	54	40	54		135	21
22	Roofing Cost	2000	4,093	102	40	102		255	22
23	Entrance Improvement	2000	1,583	40	40	40		100	23
24	Windows Cost	2000	6,191	154	40	154		385	24
25	Hardware Cost	2000	3,761	94	40	94		235	25
26	Drywall Cost	2000	18,998	476	40	476		1,190	26
27	Ceramic Tile & Flooring	2000	12,892	322	40	322		805	27
28	Painting & Decorating	2000	10,437	260	40	260		650	28
29	Kitchen & Millwork Improvement	2000	6,860	172	40	172		430	29
30	Plumbing & Electrical Work	2000	24,433	610	40	610		1,525	30
31	HVAC Work	2000	16,892	422	40	422		1,055	31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 8,457,102	$ 267,261		$ 294,390	$ 27,129	$ 1,083,547	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 8,457,102	$ 267,261		$ 294,390	$ 27,129	$ 1,083,547	1
2	Prior Year Improvement to Facility Project Number 96071								2
3	General Contractor Cost	1997	145,836	17,349	40	3,646	(13,703)	23,699	3
4	Construction Insurance	1997	10,702	1,273	40	268	(1,005)	1,742	4
5	Fire Alarm System	1997	8,717	1,037	40	218	(819)	1,417	5
6	Electrical Work	1997	69,239	8,236	40	1,731	(6,505)	11,252	6
7	HVAC Improvement Work	1997	394,855	46,969	40	9,871	(37,098)	64,162	7
8	Plumbing Improvement	1997	86,233	10,258	40	2,156	(8,102)	14,014	8
9	Fire Protection Work	1997	2,096	249	40	52	(197)	338	9
10	Elevators Work	1997	1,595	190	40	40	(150)	260	10
11	Storage & Moving Cost	1997	19,125	2,275	40	478	(1,797)	3,107	11
12	Window Treatment Improvement	1997	14,142	1,682	40	354	(1,328)	2,301	12
13	Painting Work	1997	212,678	25,299	40	5,317	(19,982)	34,561	13
14	Resilient Flooring	1997	161,133	19,167	40	4,028	(15,139)	26,182	14
15	Acoustical Treatment	1997	102,956	12,247	40	2,574	(9,673)	16,731	15
16	Ceramic Tile	1997	8,396	999	40	210	(789)	1,365	16
17	Drywall	1997	11,049	1,314	40	276	(1,038)	1,794	17
18	Hardware	1997	54,460	6,478	40	1,362	(5,116)	8,853	18
19	Aluminum Windows	1997	2,616	311	40	65	(246)	423	19
20	Roofing	1997	13,942	1,658	40	349	(1,309)	2,269	20
21	Wood Door	1997	1,802	214	40	45	(169)	293	21
22	Unit Masonry	1997	7,316	870	40	183	(687)	1,190	22
23	Cast in Place Concrete	1997	13,275	1,579	40	332	(1,247)	2,158	23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 9,799,265	$ 426,915		$ 327,945	$ (98,970)	$ 1,301,658	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 9,799,265	$ 426,915		$ 327,945	$ (98,970)	$ 1,301,658	1
2	Carpet	2002	2,035	143	7	143		143	2
3	Electrical	2002	5,722	145	20	145		145	3
4	Emergancy generator system and facility rewiring	2002	919,934	22,999	20	22,999		22,999	4
5	First floor renovation	2002	367,252	9,181	20	9,181		9,181	5
6	Hot water heaters	2002	67,944	1,699	20	1,699		1,699	6
7	Nurse call system	2002	31,433	786	20	786		786	7
8	Mechanical (oxygen distribution system)	2002	38,241	956	20	956		956	8
9	Plumbing	2002	2,961	74	20	74		74	9
10	HVAC	2002	47,353	1,184	20	1,184		1,184	10
11	Painting & decotrating	2002	21,585	540	20	540		540	11
12	Roof replacement	2002	99,498	2,487	20	2,487		2,487	12
13	Service elevator modernization	2002	44,119	1,103	20	1,103		1,103	13
14	Soft costs	2002	65,031	1,626	20	1,626		1,626	14
15	Mechanical	2002	54,389	1,359	20	1,359		1,359	15
16	Monument sign	2002	16,917	846	10	846		846	16
17	Site drainage	2002	59,341	1,484	20	1,484		1,484	17
18									18
19									19
20	Allocated from Central DuPage Health					69,793	69,793		20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 11,643,020	$ 473,527		$ 444,350	$ (29,177)	$ 1,348,270	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 335,088	$ 51,166	$ 51,260	$ 94	3-10 yrs	$ 252,873	71
72	Current Year Purchases	314,530	34,425	34,425		3-20 yrs	34,425	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 649,618	$ 85,591	$ 85,685	$ 94		$ 287,298	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	Resident Transportation	1997 Ford Van Shuttle	1998	$ 45,524	$ 5,691	$ 5,691	$	4	$ 45,524	76
77										77
78										78
79										79
80	TOTALS			$ 45,524	$ 5,691	$ 5,691	$		$ 45,524	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount		
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 14,138,162	81	
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 564,809	82	
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 535,726	83	**
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (29,083)	84	
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 1,681,092	85	

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		$	$	$	86
87					87
88					88
89					89
90					90
91	TOTALS	$	$	$	91

G. Construction-in-Progress

	Description	Cost	
92	Construction in progress	$ 1,509	92
93			93
94			94
95		$ 1,509	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

PLEASE ENTER ONLY DATES IN CELLS W16 AND W17

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34. N/A
This amount was calculated by dividing the total amount to be amortized by the length of the lease N/A . N/A

9. Option to Buy: ☐ YES ☐ NO Terms: N/A *

10. Effective dates of current rental agreement:
Beginning N/A
Ending N/A

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2003	$
13.	/2004	$
14.	/2005	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☒ NO

16. Rental Amount for movable equipment: $ 39,505 Description: See attached schedule.
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18			N/A		18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   [ ] YES
   [X] NO

It is the policy of this facility to only hire certified nurses aides.

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	10A(1), (2)	4141 hrs	$ 106,619		$	$ 1,682	4,141	$ 108,301	1
2	Licensed Speech and Language Development Therapist	10A(1), (2)	65 hrs	1,667			214	65	1,881	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	10A(1), (2)	8300 hrs	213,724			13,689	8,300	227,413	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39(2)	# of prescrpts				529,400		529,400	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See attached	10A(3), 39(3)				181,023			181,023	13
14	TOTAL			$ 322,010		$ 181,023	$ 544,985	12,506	$ 1,048,018	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 06/30/02 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 560,437	$ 560,437	1
2	Cash-Patient Deposits	37,632	37,632	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 103,548)	1,349,290	1,349,290	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	54,712	54,712	6
7	Other Prepaid Expenses	19,223	19,223	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,021,294	$ 2,021,294	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	735,364	735,364	12
13	Land	1,800,000	1,800,000	13
14	Buildings, at Historical Cost	12,934,553	11,643,020	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	696,963	695,142	16
17	Accumulated Depreciation (book methods)	(1,979,703)	(1,681,092)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (sp Const. In Prog.	1,509	1,509	22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 14,188,686	$ 13,193,943	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 16,209,980	$ 15,215,237	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 93,988	$ 93,988	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	37,632	37,632	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	236,876	236,876	30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	Other Current Liabilities-see attached	470,963	470,963	36
37	Due to Related Parties	525,171	525,171	37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,364,630	$ 1,364,630	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	6,834,425	6,834,425	39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 6,834,425	$ 6,834,425	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 8,199,055	$ 8,199,055	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 8,010,925	$ 7,016,182	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 16,209,980	$ 15,215,237	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 7,476,480	1	
2	Restatements (describe):		2	
3	**Adjustments subsequent to prior year cost report prep.**	(5,101)	3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 7,471,379	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	527,009	7	
8	Aquisitions of Pooled Companies		8	
9	Proceeds from Sale of Stock		9	
10	Stock Options Exercised		10	
11	Contributions and Grants		11	
12	Expenditures for Specific Purposes		12	
13	Dividends Paid or Other Distributions to Owners	( )	13	
14	Donated Property, Plant, and Equipment		14	
15	Other (describe)		15	
16	Other (describe)		16	
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 527,009	17	
	B. Transfers (Itemize):			
18	**Market appreciation - Goldman Combined**	12,537	18	
19			19	
20			20	
21			21	
22			22	
23	**TOTAL Transfers (sum of lines 18-22)**	$ 12,537	23	
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 8,010,925	24	*

Operating Entity Only

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 11,853,476	1
2	Discounts and Allowances for all Levels	(2,192,394)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 9,661,082	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,854,286	6
7	Oxygen	15,028	7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 1,869,314	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	754,126	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	52,909	19
20	Radiology and X-Ray	221,100	20
21	Other Medical Services	73,833	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 1,101,968	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	48,131	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 48,131	26
	E. Other Revenue (specify):**		
27	**Settlement Income (Insurance, Legal, Etc.)**		27
28	**Prior year Medicare cost report settlements**	55,011	28
28a	**See attached**	2,071	28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 57,082	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 12,737,577	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	1,675,629	31
32	Health Care	5,958,346	32
33	General Administration	2,815,545	33
	B. Capital Expense		
34	Ownership	822,093	34
	C. Ancillary Expense		
35	Special Cost Centers	823,995	35
36	Provider Participation Fee	114,960	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 12,210,568	40
41	**Income before Income Taxes (line 30 minus line 40)****	527,009	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 527,009	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? No If not, please attach a reconciliation. This entity files as part of a consolidated return.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.** SEE ACCOUNTANTS' COMPILATION REPORT

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,760	2,080	$ 74,167	$ 35.66	1
2	Assistant Director of Nursing	1,848	2,080	64,799	31.15	2
3	Registered Nurses	52,600	57,059	1,686,707	29.56	3
4	Licensed Practical Nurses	13,307	14,492	317,740	21.93	4
5	Nurse Aides & Orderlies	142,361	152,553	2,163,066	14.18	5
6	Nurse Aide Trainees					6
7	Licensed Therapist	12,637	13,533	322,010	23.79	7
8	Rehab/Therapy Aides					8
9	Activity Director	1,832	2,120	41,077	19.38	9
10	Activity Assistants	9,058	9,659	94,136	9.75	10
11	Social Service Workers	11,605	12,506	150,766	12.06	11
12	Dietician	1,944	2,080	39,342	18.91	12
13	Food Service Supervisor	1,792	2,160	44,621	20.66	13
14	Head Cook					14
15	Cook Helpers/Assistants	33,496	36,295	385,308	10.62	15
16	Dishwashers					16
17	Maintenance Workers	5,569	6,046	92,934	15.37	17
18	Housekeepers	27,034	29,368	285,237	9.71	18
19	Laundry	12,564	13,792	126,426	9.17	19
20	Administrator	2,040	2,120	109,185	51.50	20
21	Assistant Administrator	1,832	2,160	55,405	25.65	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	17,327	18,925	307,120	16.23	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	3,268	3,510	48,795	13.90	31
32	Other Health Ca (See Supl pg 1)	14,412	15,445	340,319	22.03	32
33	Other(specify)					33
34	TOTAL (lines 1 - 33)	368,286	397,983	$ 6,749,160 *	$ 16.96	34

SEE ACCOUNTANTS' COMPILATION REPORT

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	monthly	$ 989	1(3)	35
36	Medical Director	62	31,150	9(3)	36
37	Medical Records Consultant	48	1,776	10(3)	37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	180	6,897	11(3)	44
45	Social Service Consultant	68	3,646	12(3)	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	358	$ 44,458		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	2,323	$ 106,396	10(3)	50
51	Licensed Practical Nurses	1,247	40,290	10(3)	51
52	Nurse Aides	1,975	38,591	10(3)	52
53	TOTAL (lines 50 - 52)	5,545	$ 185,277		53

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
			$
Judith A. Perry	Administrator	0	16,568
Mary Grondin	Administrator	0	92,617
Renee Cisewski	Assistant Admin.	0	55,405
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 164,590

B. Administrative - Other

Description	Amount
Management fees	$ 637,785
(Management fees eliminated in column 7)	
TOTAL (agree to Schedule V, line 17, col. 3)	$ 637,785
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Katten, Muchin, Zavis & Rose	Legal	$ 895
Fenech & Pachulski	Legal	5,501
KPMG, LLP	Audit & Accounting	4,925
Altschuler, Melvoin & Glasser LLP	Accounting	7,521
Architectural Consulting, Inc.	Architectural Consulting	400
(See Attached Schedule for non-allowable costs)		
TOTAL (agree to Schedule V, line 19, column 3) (See Attached)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 19,242

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 206,177
Unemployment Compensation Insurance	
FICA Taxes	480,562
Employee Health Insurance	277,112
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Dental Insurance	33,616
HMO Premium	305,959
Uniforms	3,837
Employee Recognition	10,254
Disability Insurance	35,830
Pension Expense	213,375
Allocated from Home Office	109,238
TOTAL (agree to Schedule V, line 22, col.8)	$ 1,675,960

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
	N/A	
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	
Health Care Worker Background Check	
(Indicate # of checks performed 112)	1,344
Life Services Network of Illinois	2,609
Natl. Assn of Sub-acute-Post Acute Care	950
Other Dues & Subscriptions	955
Nursing & Administrative Subscriptions	3,369
Miscellaneous Fees & Licenses	664
Allocated from Home Office	4,946
Less: Public Relations Expense	( )
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ 14,837

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	
Seminar Expense	
See attached	11,904
Allocated from Home Office	6,132
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 18,036

* Attach copy of IMRF notifications

**See instructions.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5			N/A										
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number Wynscape # 0041426 Report Period Beginning: 07/01/01 Ending: 06/30/02

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **Life Services Network of IL - 2,609**

(3) Did the nursing home make political contributions or payments to a politica action organization? **No** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity? **N/A**

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **10 years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **62,635** Line **10(2)**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? **X** YES _____ NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over
N/A

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **114,960**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **N/A** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **N/A** Has any meal income been offset against related costs? **N/A** Indicate the amount. $ **N/A**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **N/A**
c. What percent of all travel expense relates to transportation of nurses and patients? **N/A**
d. Have vehicle usage logs been maintained? **Adequate records have been maintained.**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **N/A**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **N/A**

(17) Has an audit been performed by an independent certified public accounting firm? **Yes**
Firm Name: **KPMG, LLP** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **No** If no, please explain. **Audit currently in process**

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **n/a**
Attach invoices and a summary of services for all architect and appraisal fees.

Wynscape Nursing Center
Facility # 0041426
06/30/02 **Supplementary Information**

Page 5: Adjustments

Non-Allowable Expense	Amount	Ref.
Offset Vending revenue	(1,878)	2
Public relations	(855)	43
Finance charges	(1,521)	21
Contract arrangement	(83,398)	43
Total	(87,652)	

Page 6: Schedule VII (A) - Related Parties

Member	Office/Position	Ownership Interest
David T. Brooks	Chair	0%
Paul C. Piro	Secy/Treas	0%
Donald C. Sibery	Ex-officio	0%

The above members of the Board of Directors do not provide any services or supplies to Wynscape Nursing & Rehabilitation Center.

Page 14: Schedule XII (B)(16) - Schedule of Rental Equipment

Postage Meter	1,656
Copiers	19,723
Nursing & Medical Equipment	9,017
Office Storage Space	4,508
Dietary Equipment	750
Activity Equipment	612
Maintenance Equipment	3,239
Total	39,505

Page 16: Schedule XIV line 13(5) - Other Services

		Sch. V Ref.
IV Therapy	64,725	10A(3)
Radiology	73,841	39(3)
Laboratory	42,457	39(3)
	181,023	

Page 17: Schedule XV line 26 - Other Current Liabilities

Accrued benefits	466,973
Accrued professional services	3,990
	470,963

Page 19: Schedule XVII line 28a - Other

Vending machine revenue	1,878
Other	193
	2,071

Page 20: Schedule XVIII - Staffing & Salary Cost - Line 34 - Other

Description	Hours Worked	Hours Paid	Total Wages	Ave Hrly Rate
Clinical Services Manager	1,912	2,120	56,234	26.53
Nursing Administration	5,960	6,359	142,918	22.47
Nursing Social Services Coord.	1,960	2,080	30,498	14.66
Rehab Nurse Manager	1,896	2,120	70,576	33.29
Central Supply	2,684	2,766	40,093	14.49
Total - Line 34	14,412	15,445	340,319	22.03

Page 21: Schedule XXI (C) Professional Services

Total (agreeing to Schedule V, Line 19(3)	19,242
Less: Out of period expense-Legal	(2,406)
Nonallowable collection fees-Legal	(3,990)
Sub total	12,846
Home office allocation - Legal	31,673
Home office allocation - Accounting	442
Total = Schedule V, Line 19(8)	44,961

RECONCILIATION REPORT **Wynscape** **04:44 PM** **11/04/05**

ITEM	Value 1	Cond.	Value 2	Difference	RESULTS	COMPARE CEL	SUB-SCHED.	LINE NO.	COL. NO.	WITH CELL	SUB-SCHED.	LINE NO.	COL. NO.
Adjustment Detail	110,321	equal to	110,321	0	O.K.	Pg5 Z22	B.	37	1	Pg4 K29	N/A	45	7
Interest Expense	169,648	equal to	169,648	0	O.K.	Pg9 P34	A.	15	10	Pg4 L13	N/A	32	8
Real Estate Tax Expenses	0	equal to	0	0	O.K.	Pg10 W24	B.	5	N/A	Pg4 L14	N/A	33	8
Amortization exp. Pre-opening & org.	N/A	equal to	0	#VALUE!	#VALUE!	Pg11 I33	E.	3	N/A	Pg4 L12	N/A	31	8
Ownership Costs-Depreciation	535,726	equal to	535,726	0	O.K.	Pg13 Y28	E.	49	2	Pg4 L11	N/A	30	8
Rental Costs A	0	equal to	0	0	O.K.	Pg14 L20+N22	A.	7 + 8	4+N/A	Pg4 L15	N/A	34	8
Rental Costs B	39,505	equal to	39,505	0	O.K.	Pg14 J30+N40	B.+ C.	16+21	N/A+4	Pg4 L16	N/A	35	8
Nurse Aid Training Prog.	0	equal to	0	0	O.K.	Pg15 L36	B.	10	1	Pg3 L23	N/A	13	8
Special Serv.- Staff Wages	322,010	equal to		0	O.K.	Pg16 N32	N/A	14	3	Pg4 E22	N/A	39	1
Therapy Services	337,595	equal to	402,320	-64,725	FAILED	Pg16 Z12+Z14...	N/A;B	1-4;40-43	8;2	Pg3 H20	N/A	1Oa	4
Special Serv.- Supplies	544,985	equal to	544,985	0	O.K.	Pg16 V32	N/A	14	6	Pg4 F22 + Pg 3	N/A	39,10a	2
Income Stat. General Serv.	1,675,629	equal to	1,675,629	0	O.K.	Pg19 P11	N/A	31	2	Pg3 H16	N/A	8	4
Income Stat. Health Care	5,958,346	equal to	5,958,346	0	O.K.	Pg19 P12	N/A	32	2	Pg3 H26	N/A	16	4
Income Stat. Admininstation	2,815,545	equal to	2,815,545	0	O.K.	Pg19 P13	N/A	33	2	Pg3 H39	N/A	28	4
Income Stat. Ownership	822,093	equal to	822,093	0	O.K.	Pg19 P15	N/A	34	2	Pg4 H18	N/A	37	4
Income Stat. Special Cost Ctr	823,995	equal to	823,995	0	O.K.	Pg19 P17	N/A	35	2	Pg4 H21..H24+H	N/A	38to41+43	4
Income Stat. Prov. Partic.	114,960	equal to	114,960	0	O.K.	Pg19 P18	N/A	36	2	Pg4 H25	N/A	42	4
Staff- Nursing	4,355,274	equal to	4,695,593	-340,319	FAILED	Pg20 K11..K15+	A.	1-5,24,25,27-30	3	Pg3 E19	N/A	10	1
Staff- Nurse aide Training	0	< or = to		0	O.K.	Pg20 K16	A.	6	3	Pg3 E23	N/A	13	1
Staff-Licensed Therapist	322,010	equal to		0	O.K.	Pg20 K17	A.	7	3	Pg4 E22	N/A	39	1
Staff- Activities	135,213	equal to	135,213	0	O.K.	Pg20 K19+K20	A.	9+10	3	Pg3 E21	N/A	11	1
Staff- Social Serv. Workers	150,766	equal to	150,766	0	O.K.	Pg20 K21	A.	11	3	Pg3 E22	N/A	12	1
Staff- Dietary	469,271	equal to	469,271	0	O.K.	Pg20 K22..K26	A.	16-Dec	3	Pg3 E9	N/A	1	1
Staff- Maintenance	92,934	equal to	92,934	0	O.K.	Pg20 K27	A.	17	3	Pg3 E14	N/A	6	1
Staff- Housekeeping	285,237	equal to	285,237	0	O.K.	Pg20 K28	A.	18	3	Pg3 E11	N/A	3	1
Staff- Laundry	126,426	equal to	126,426	0	O.K.	Pg20 K29	A.	19	3	Pg3 E12	N/A	4	1
Staff- Administrative	164,590	equal to	164,590	0	O.K.	Pg20 K30..K32	A.	20-22	3	Pg3 E28	N/A	17	1
Staff- Clerical	307,120	equal to	307,120	0	O.K.	Pg20 K33..K34	A.	23+24	3	Pg3 E32	N/A	21	1
Staff- Medical Director	0	equal to	0	0	O.K.	Pg20 K37	A.	27	3	Pg3 E18	N/A	9	1
Total Salaries And Wages	6,749,160	equal to	6,749,160	0	O.K.	Pg20 K44	A.	34	3	Pg4 E29	N/A	45	1
Dietary Consultant	989	< or = to	2,396	-1,407	O.K.	Pg20 X12	B.	35	2	Pg3 G9	N/A	1	3
Medical Director	31,150	< or = to	31,150	0	O.K.	Pg20 X13	B.	36	2	Pg3 G18	N/A	9	3
Consultants & contractors	187,053	< or = to	188,630	-1,577	O.K.	Pg20 X14..X16+	B. & C.	37to39 and 50to5	2	Pg3 G19	N/A	10	3
Activity Consultant	6,897	< or = to	6,897	0	O.K.	Pg20 X21	B.	44	2	Pg3 G21	N/A	11	3
Social Service Consultant	3,646	< or = to	8,189	-4,543	O.K.	Pg20 X22	B.	45	2	Pg3 G22	N/A	12	3
Supp. Sched.- Admin. Salar.	164,590	equal to	164,590	0	O.K.	Pg21 I16	A.	N/A	N/A	Pg3 E28	N/A	17	1
Supp. Sched.- Admin. Other	637,785	equal to	637,785	0	O.K.	Pg21 I24	B.	N/A	N/A	Pg3 G28	N/A	17	3
Supp. Sched.- Prof. Serv.	19,242	equal to	19,242	0	O.K.	Pg21 I41	C.	N/A	N/A	Pg3 G30	N/A	19	3
Supp. Sched.- Benefit/Taxes	1,675,960	equal to	1,675,960	0	O.K.	Pg21 P22	D.	N/A	N/A	Pg3 L33	N/A	22	8
Supp. Sched.- Sched of dues..	14,837	equal to	14,837	0	O.K.	Pg21 V22	F.	N/A	N/A	Pg3 L31	N/A	20	8
Supp. Sched.- Sched. of trav	18,036	equal to	18,036	0	O.K.	Pg21 V41	G.	N/A	N/A	Pg3 L35	N/A	24	8
Gen. Info - Particip. Fees	114,960	equal to	114,960	0	O.K.	Pg23 I38	N/A	11	N/A	Pg4 G25	N/A	42	3
Gen. Info - Employee Meals	N/A	< or = to	109,238	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg3 K33	N/A	2 & 22	7
Gen. Info - Employee Meals	N/A	equal to	0	#VALUE!	#VALUE!	Pg23 S16	N/A	16	N/A	Pg21 P12	D.	N/A	N/A
Nurse aide training	0	equal to		0	O.K.	Pg15 U29..U31	B.	3, 4 & 5	4	Pg3 E23	N/A	13	1
Days of medicare provided	13,438	equal to	14,132	-694	FAILED	Pg2 AB29	K.	N/A	N/A	Pg2 J30	B.	8	4
Adjustment for related org. costs	445,761	equal to	445,761	0	O.K.	Pg5 Z18	B.	34	1	Pg6 to Pg 6I Y4(	B.	14	8
Total loan balance	6,834,425	equal to	6,834,425	0	O.K.	Pg9 L34	A.	15	7	Pg17 V13+V27..	N/A	29+39-41	2
Real estate tax accrual	0	equal to		0	O.K.	Pg10 W15	B.	4	N/A	Pg17 V17	N/A	32	2
Land	1,800,000	equal to	1,800,000	0	O.K.	Pg11 T43	A.	3	4	Pg17 K25	N/A	13	2
Building cost	11,643,020	equal to	11,643,020	0	O.K.	Pg12 to 12I L43	B.	36	4	Pg17 K26+K27	N/A	14 & 15	2
Equipment and vehicle cost	695,142	equal to	695,142	0	O.K.	Pg13 O22+L13	C.& D.	41 + 46	1 + 4	Pg17 K28	N/A	16	2
Accumulated depr.	1,681,092	equal to	1,681,092	0	O.K.	Pg13 Y30	E.	51	2	Pg17 K29	N/A	17	2
End of year equity	8,010,925	equal to	8,010,925	0	O.K.	Pg18 I33	N/A	24	1	Pg17 S39	N/A	47	1
Net income (loss)	527,009	equal to	527,009	0	O.K.	Pg18 I15	N/A	7	1	Pg19 P30	N/A	43	2
Unamortized deferred maint. cost	0	equal to		0	O.K.	Pg22 F31-J31..S	H.	20	3	Pg17 K30	N/A	18	2
Balance Sheet	16,209,980	equal to	16,209,980	0	O.K.	Pg17:H41		25	1	Pg17 S41	N/A	48	1

Page

Line 16 for mortgage insurance.